

# DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MODULAR SHELVING SYSTEM the specification of which:

☒ is attached hereto. ☐ was filed on \_\_\_\_\_  
as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above, and that I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought, and hereby acknowledge the duty to disclose information which is material to the examination of the application in accordance with § 1.56 (reprinted on the back) of Title 37 of the Code of Federal Regulations.

I also hereby state that no patent applications on this invention have previously been filed in countries foreign to the United States of America, except as follows:

COUNTRY	APPLICATION NUMBER	DATE FILED (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
			yes	no
			yes	no
			yes	no

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)

I hereby appoint **JOHN R. HOFFMAN** (Reg. No. 25,079), registered to practice before the United States Patent and Trademark Office and practicing as Attorney at Law at John R. Hoffman, P.O. Box 191, 616 W. 13th Street, Jasper, IN 47547 (Telephone 812/481-1730), my attorney with full power of substitution and revocation, to prosecute this application, to make alterations or amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to him. All telephone inquiries may be directed to: **JOHN R. HOFFMAN**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or  
first Joint Inventor James G. Buechler Citizenship United States

Inventor's Signature James G. Buechler Date X 8/16/2003

Residence 110 Deer Lake Drive, Bloomfield, IN 47424

Post Office Address 110 Deer Lake Drive, Bloomfield, IN 47424

Full name of second  
Joint Inventor, if any \_\_\_\_\_ Citizenship \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of third  
Joint Inventor, if any \_\_\_\_\_ Citizenship \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fourth  
Joint Inventor, if any \_\_\_\_\_ Citizenship \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fifth  
Joint Inventor, if any \_\_\_\_\_ Citizenship \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_